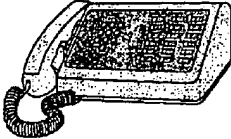


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Our Ref.:	BUR920030170US1/ IBMB100332000	U.S. Serial No.:	10/709,326
Fax No. Called:	(571) 273-8300	Filed:	April 2, 2004
Please Deliver To:	Examiner Audrey Y. Chang Art Unit 2872		
From:	Kelly M. Nowak DELIO & PETERSON, LLC		
Date:	January 26, 2006	Time:	

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PTO/SB/21 (09-04)

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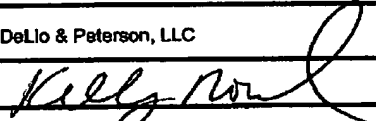
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/709,326	
	Filing Date	April 28, 2004	
	First Named Inventor	Emily F. Gallagher et al.	
	Art Unit	2872	
	Examiner Name	Audrey Y. Chang	
Total Number of Pages in This Submission	22	Attorney Docket Number	BUR920030170US1

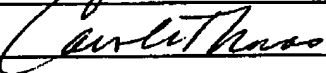
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	DeLio & Peterson, LLC		
Signature			
Printed name	Kelly M. Nowak		
Date	January 26, 2006	Reg. No.	47,898

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Signature			
Typed or printed name	Carol M. Thomas	Date	January 26, 2006

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 10/709,326 Filing Date April 2, 2004 First Named Inventor Emily F. Gallagher et al. Examiner Name Audrey Y. Chang Art Unit 2872 Attorney Docket No. BUR920030170US1	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	0	

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 09-0456 Deposit Account Name: IBM Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
28	- 20 or HP = 0	x 50.00 =	0

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3	- 3 or HP = 0	x 200.00 =	0

HP = highest number of independent claims paid for, if greater than 3.

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

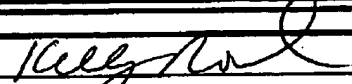
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Fees Paid (\$)

SUBMITTED BY		Registration No. 47,898	Telephone 203-787-0595
Signature		(Attorney/Agent)	Date January 26, 2006
Name (Print/Type) Kelly M. Nowak			

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DOCKET: BUR920030170US1

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR: Emily F. Gallagher et al.) EXAMINER Audrey Y. Chang
SERIAL NO.: 10/709,326) ART UNIT: 2872
FILING DATE: April 28, 2004) DATE: January 26, 2006

FOR: MONOLITHIC HARD PELLICLE

AMENDMENT AFTER FINAL REJECTION

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Alexandria, VA 22313-1450

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Name: Carol M. Thomas Date: January 26, 2006
Signature: *Carol M. Thomas*

Dear Sir:

Responsive to the Final Rejection Office Action mailed November 25, 2005, please
amend the application as follows: